STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
157172	**Chalmers Homes, Inc.**

3. Principal office address	City	State	Zip
4 Raymond Avenue, Unit # 1	**Salem**	**NH**	**03079**

4. Business Phone No.	5. State of Incorporation
603-898-1205	**New Hampshire**

6. Brief description of the character of business conducted in Rhode Island
Safe patient handling and transfer solutions featuring ceiling and floor lifts, lateral transfer aids, ergonomic bathing systems and healthcare beds.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒

President Name	Street Address	City	State	Zip
Charles H. Wallace, Jr.	**45 Progress Parkway**	**Maryland Heights**	**MO**	**63043**

Vice-President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Justine Lemmon	**45 Progress Parkway**	**Maryland Heights**	**MO**	**63043**

Treasurer Name	Street Address	City	State	Zip
George Chiarucci	**87 Sharer Road**	**Vaughan**	**ON, Canada**	**L4L 8Z3**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Charles H. Wallace, Jr.	**45 Progress Parkway**	**Maryland Heights**	**MO**	**63043**

Director Name	Street Address	City	State	Zip
Robin Hale	**4 Raymond Avenue, Unit # 1**	**Salem**	**NH**	**03079**

Director Name	Street Address	City	State	Zip
Justine Lemmon	**45 Progress Parkway**	**Maryland Heights**	**MO**	**63043**

Director Name	Street Address	City	State	Zip
None				

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9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	CNP	$0.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
SEP 14 2012
BY CL 178916
11:28

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robin Hale — 9/11/12
Signature of Authorized Representative — Date

ROBIN HALE
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

FORM NO. 630
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**
ENTITY ID NO.: 157172
EXACT NAME OF THE CORPORATION: CHALMERS HOMES, INC.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES)

Assistant Secretary:
Robin Hale
4 Raymond Ave., Unit 1
Salem, NH 03079

Assistant Secretary:
William Edwards
87 Sharer Road
Vaughan, ON Canada L4L 8Z3